

Concussion Checklist

Identification of the Injury

1. If a player exhibits or reports signs or symptoms of concussion on the field, without exception, he is to be removed immediately from the field of play and evaluated by the Club medical team, pursuant to the Protocols. This evaluation shall include a locker room examination utilizing the *complete* NFL Sideline Concussion Assessment Tool, where necessary.
2. Any of the following individuals may identify and/or raise concern regarding a potential TBI (e.g., observing a player sustain a mechanism of injury (“big hit involving the head”) that is reasonably expected to give rise to a concussion) requiring a medical evaluation as set forth below: coach, player/teammate, official, team physician, ATC, ATC in media booth (“eye in the sky” or “Booth ATC”), and/or UNC (each of these individuals are hereinafter referred to as a “trigger”).
3. The Booth ATC, UNC and the Team Physician shall be connected by radio communication.
4. The Booth ATC shall also be connected with the on-field game officials by radio communication.

Evaluation of the Player

5. When a potential TBI is identified by a trigger, the player shall be removed immediately from the field and the NFL team physician concussion expert (“Team Physician”) will ¹:
 - a. Request and review video of the play identified by the trigger with UNC teammate.
 - b. At a minimum, assess the player by performing a focused neurological examination that includes: (i) asking what happened; (ii) reviewing the “Go/No-Go” signs and symptoms; and (iii) asking the Maddock’s questions on the sideline. The Team physician/UNC team will be assembled for this evaluation². If after performing the above evaluations and reviewing the video there remains any doubt as to whether a concussion has occurred, then the full NFL Sideline Concussion Assessment *will* be performed by the Team Physician/ATC/UNC team in the locker room. Whether or not the locker room assessment is warranted is in the sole discretion of the Team Physician concussion expert.
6. UNC involvement in initial (focused neurological) examination:

¹ The sequence of these two steps is in the exclusive discretion of the team physician responsible for the treatment and care of concussion.

² Should the UNC be unavailable to participate in the sideline evaluation (i.e., UNC is treating another player in the locker room or accompanying an injured player to the hospital in accordance with the EAP), the Team Physician may request the other UNC to assist.

- a. The Team Physician will consult in private with his/her concussion team members, the UNC and, as necessary, the club's ATC, prior to making his/her decision regarding whether or not the player will return to the game.
 - b. If the Team Physician determines that the player shall not return to play (because the signs or symptoms of concussion are apparent) and therefore there is no need to conduct the initial (focused neurological) evaluation (e.g., based upon loss of consciousness or other readily apparent criteria), the Team Physician may request the UNC team member to accompany the player to the locker room to evaluate the player for serious injury, treat the player or activate the EAP if indicated.
7. Upon suspicion of concussion following initial (focused neurological) examination:
- a. Player will be taken to the locker room pursuant to the Madden Rule (Player shall have his helmet taken from him and he shall be escorted to the locker room by the medical team).
 - b. The Team Physician will conduct the complete locker room evaluation with his/her UNC team member and use the application on the tablet for concussion evaluation. The UNC will participate in this examination and may present his/her own questions or conduct additional testing.
 - c. The Team Physician remains responsible for all final decisions regarding Return-to-Play. However, the Team Physician will consult with his/her UNC team member prior to reaching his/her decision. If the UNC disagrees with the Team Physician's decision to return the player to play or remove the athlete, the UNC will be given an opportunity to explain the basis of his/her opinion. This will be discussed in a collegial fashion in private as to why that the player should or should not be returned to the game³. Regardless of the discussion, the Team Physician will communicate his final decision to the player.
 - d. If a player is diagnosed with a concussion, he must remain in the locker room. He will be attended by a member of the medical team to monitor his condition.
8. If the player passes his initial evaluation but the Team Physician believes that additional testing is warranted:
- a. The results of subsequent exams by the Team Physician should be communicated to the UNC in the spirit of "concussion team" cooperation and patient safety, especially if the UNC is not immediately present.
 - b. Should the sideline examination reveal a change in the player's condition, the Team Physician/UNC team will be re-assembled and perform subsequent locker room evaluation.

³ Should the UNC be unavailable to participate in the sideline evaluation (i.e., UNC is treating another player in the locker room or accompanying an injured player to the hospital in accordance with the EAP), the Team Physician may request to conduct the assessment with the other UNC.

9. If a player reports neck pain, a “stinger” or “burner” and the mechanism of injury includes helmet contact (helmet to helmet, helmet to ground, etc.), then the Team Physician/UNC/ATC team will perform the initial evaluation of the Player, which will include the initial (focused neurological) examination referenced above. The NFL Team Physician retains the final decision over concussion diagnosis and return to play decisions.

ON-FIELD INJURY DETECTION AND INTERVENTION

Booth ATC- Injury Timeout

In the event the Booth ATC has clear visual evidence:

1. that a player displays obvious signs of disorientation or is clearly unstable; and
2. it becomes apparent that the player will remain in the game and not be attended to by the club’s medical or athletic training staff, then the ATC Spotter will take the following steps:
 - a. If the player does not receive immediate medical attention, contact the Side Judge over the Official-to-Official communication system to identify the player by his team and jersey number.
 - b. Contact the medical staff of the player involved and advise that the player appears to be in need of medical attention.

Upon being called by the ATC Spotter, the Side Judge will immediately stop the game, go to the player in question, and await the arrival of the team’s medical personnel to ensure that the player is attended to and escorted off the field. The game and play clock will stop (if running), and remain frozen until the player is removed from the game. Both clocks will start again from the same point unless the play clock was inside 10 seconds, in which case it will be reset to 10. The team of the player being removed will have an opportunity to replace him with a substitute, and the opponent will have an opportunity to match up as necessary. No communication via coach-to-player headsets will be permitted during the stoppage; no member of the coaching staff may enter the playing field; and no player other than the player receiving medical attention may go to the sideline unless a substitute player has replaced him.

Once removed from the field, the team medical staff will conduct an evaluation of the player as required by the governing protocols before making any decision regarding the player’s eligibility to return to play. The medical staff will make the return-to-play decision consistent with the NFL Protocols. In no instance will this evaluation period last less than one play, unless there is an extended delay unrelated to the player’s removal from the game (i.e., timeout, two-minute warning, penalty, etc.). An injury timeout will not be charged to a team who has a player removed during this process.

Changes in Protocol

For purposes of clarity, the foregoing includes the following changes to the Protocols:

1. The NFL Team Physician, club ATC, and UNC will operate as integrated members of the NFL concussion team. This specialized medical team will perform the mandatory video review of a suspected TBI on the sideline and the sideline/locker room exam.
2. The Team Physician/UNC/unit will be co-located for all concussion evaluations and management both on and off the field⁴. The UNC may present his/her own questions or conduct additional testing and shall assist in the diagnosis and treatment of concussions. Regardless, the Team Physician remains the final decision making authority for RTP.
3. All discussions prior to the RTP decision should be performed in private and communicated to the player by the Team Physician.
4. Team Physician, UNC, and Booth ATC shall be connected by radio communication. The Booth ATC shall also be connected to the Side Judge by radio communication and will now have the ability to stop play and require a player to be evaluated pursuant to this Protocol (“Injury Timeout”)
5. When a Player reports that he has sustained a “stinger”, “burner” or neck injury, he will be evaluated for concussion by the Team Physician/UNC/ATC team for that evaluation and return-to-play decision⁵ if the mechanism of injury includes helmet contact.
6. If a player is diagnosed with a concussion, he must remain in the locker room. He will be attended by a member of the medical team to monitor his condition.

⁴ Should the UNC be unavailable to participate in the sideline evaluation (i.e., UNC is treating another player in the locker room or accompanying an injured player to the hospital in accordance with the EAP), the Team Physician may request to conduct the assessment with the other UNC.

⁵ Should the UNC be unavailable to participate in the sideline evaluation (i.e., UNC is treating another player in the locker room or accompanying an injured player to the hospital in accordance with the EAP), the Team Physician may request to conduct the assessment with the other UNC.